

## REQUEST TO RESCHEDULE PREHEARING SETTLEMENT CONFERENCE OR INVESTIGATORY HEARING DUE TO CALENDAR CONFLICT

Appellant Name:	SPB Case No:	Date of Conflict:
Representative Name: (if applicable)	Representative for: <input type="checkbox"/> Appellant/Complainant <input type="checkbox"/> Respondent	
Date first learned of calendar conflict: *	Opposing Representative Name:	
Mutual dates/times of availability for future hearing dates: **		Conflicting SPB Case No: (if applicable)

\* Must be within 10 days pursuant to Cal. Code Regs., tit. 2, § 60.2 (b)(1) \*\* Please check the SPB Settlement Conference Calendar at [www.spb.ca.gov](http://www.spb.ca.gov) for future PHSC dates

This form is intended to provide a simplified method to address calendar conflicts for Prehearing Settlement Conferences and Investigatory Hearings scheduled before the SPB. The requestor **must** meet and confer with opposing counsel. This form may not be used without the agreement of both parties. The form must be completed in its entirety to be considered. This form may **only** be utilized for the following calendar conflicts: (Please select one of the following)

- |  |   |
|--|---|
| <input type="checkbox"/> Calendar conflict with other scheduled SPB hearing<br><input type="checkbox"/> Prepaid vacation (non-refundable) for appellants or representatives only *** | <input type="checkbox"/> Calendar conflict concerning external litigation<br><input type="checkbox"/> Medical leave of absence for appellants or representatives only *** |
|--|---|

\*\*\* If the calendar conflict concerns a witness, a formal motion to continue must be filed

Please provide a brief explanation of the calendar conflict: (Attach additional pages if needed)

☐ Additional pages attached

For calendar conflicts that are not related to other scheduled SPB hearings, please attach proof pertaining to the necessity of rescheduling the conference or investigatory hearing. Acceptable proof would include court documents, travel itineraries, doctor's note, etc.

This form may be used only if there have been no other continuances in the case. This form may only be used **once** per case, additional requests must be submitted by motion. Completed forms should be submitted via email to the Evidentiary Appeals Division at [appeals@spb.ca.gov](mailto:appeals@spb.ca.gov).

☐ Appellant waives his/her rights under California Government Code § 18671.1 (required if request is filed by appellant)

I declare under penalty of perjury that the contents of this form are true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location stated below.

**Signature:**

**Date:**

**Location:**

*Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, § 52.1 (c)*